INSTRUCTIONS: SUBMIT TO COMMERCE TWO ORIGINALLY SIGNED COPIES WITH COVER LETTER CONTAINING REASON(S) FOR REQUEST.

CONTRACT AMENDMENT/REQUEST

	ee Name: ess, City, Zip :			- :		
Date of Request: Contract Award Date: Current Completion Date:			Check as Applicable: Time Extension			
	nesting time extension, indicate amounation below. Additional mont					
	ndget change(s), enter each line item roved, this new project budget will s	0	U		nanged or not.	
No.	Activity Item	Existing Grant Budget	Revised Grant Budget	% Change		
	TOTALS					
Explan	ation of Request (attach additional sh	neets, if needed):	:			
of the c	endment shall become effective on _contract or any amendments thereto, shereto execute this agreement.					
Author	rized Signature – Chief Elected Official	Kans	Kansas Department of Commerce			
Typed	Name and Title	CDB	CDBG Program			
Date		Date	Date			